



Full Council Summary of Meeting Minutes May 3 2018

Introduction and Roll Call

Gerd called the meeting to order and performed the roll call. Full Council attendance is as reflected in the separate roll call sheet. Quorum was not met.

Approval of the Full Council Meeting Minutes of February 19, 2018

Minutes of the Executive Committee meeting of February 9, 2018, were not put to a vote because quorum was not met.

Long-Term Care Ombudsman Report

Cynthia Pederson reviewed the 2017 Quarter 4 Managed Care Ombudsman Report available on the [Managed Care Ombudsman Program website](https://www.iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program)¹. She noted that the contacts reported represented any time a contact was made with the Ombudsman and did not represent the number of complaints received or the number of managed care members assisted by the program. Cynthia identified the following trends within the report:

- Issues regarding Amerigroup's acceptance of new members who had temporarily transitioned to Fee-for-Service following AmeriHealth Caritas Iowa, Inc.'s withdrawal from the program.
- Transportation issues concerning a lack of transportation providers as well as provider and member communication.
- Delays in Home- and Community-Based Services (HCBS) waiver eligibility and Level of Care (LOC) assessments.
- Delays in completion and approval of individual member budgets which resulted in a delay in payments and services.
- Issues in the transfer of guardianship documentation when transitioning between MCOs as well as guardians being excluded from meetings and member assessments.

She noted an increase in the number of contacts regarding grievances and a decrease in contacts regarding appeals and State Fair Hearings. Cynthia stated that the May edition of the State Long-Term Care (LTC) Ombudsman's Office e-newsletter, The Advocate, would be available on May 7, 2018, and would provide information regarding care planning issues and the care planning process. Future monthly and quarterly reports will contain greater detail regarding the reason for calls; such as the member's concern, their waiver program, and issue resolution.

Q2 SFY 18 Recommendations Letter

Gerd provided a brief summary of the recommendations letter provided in the materials packet and stated that this letter is currently awaiting a response from Director Foxhoven. The legislative directive outlined that the MAAC was to make quarterly recommendations regarding IA Health Link public comment meetings and, as there were to be no further meetings, additional recommendations of this kind were no longer required. Moving forward, the MAAC may make general recommendations to the Department regarding the medical assistance program.

Action Item:

- The Department is to present information regarding Long Term Services and Supports (LTSS) at the August 9, 2018, Full Council meeting.

¹ <https://www.iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program>

Election of MAAC Members Update

Public representatives on the Full Council are appointed by the governor for staggered terms of two years each and a portion of MAAC public members' terms will end on June 30, 2018, so the Governor will make appointments for said positions at that time. The Executive Committee is elected for two-year terms, beginning at the start of a state fiscal year. The last election occurred in August of 2016, and the next election for both business and public positions will take place at the MAAC Full Council meeting to be held on August 9, 2018.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Lisa Cook explained that CAHPS is an experience survey that is overseen by the Agency for Healthcare Research and Quality and conducted by a third party using the Healthcare Effectiveness Data and Information Set (HEDIS) specifications. The measures are standardized and validated; thus informing the Department of their performance in comparison with Medicaid programs throughout the country. The surveys include questions regarding members receiving needed care, receiving care quickly, provider and member communication, health plan information, and customer service. Last year, in all adult metrics composite scores, Iowa Medicaid was above the national average for all of the health plans and was above average for most child CAHPS assessments. This information is provided in the [Medicaid Managed Care Annual Reports](#)².

Quarterly Data Report Update

The Q2 SFY18 report was made available in the materials packet. Lisa provided data on Health Risk Assessments (HRAs), Community-Based Case Management (CBCM) assignment, CBCM contacts, service plans, LOC assessments, Iowa Participant Experience Survey (IPES) results, Grievances and Appeals, member and provider helpline performance, claims, Value Added Services, Prior Authorizations (PAs), average cost Per Member Per Month (PMPM), hospital admissions, Emergency Department utilization, and the Home- and Community-Based Services (HCBS) Waiver waitlist. It was identified that members of the MAAC may contact the IME with suggestions for secret shopper questions.

Update from the Medicaid Director

Electronic Visit Verification:

Mike Randol stated that the Department will be contacting the Centers for Medicare and Medicaid Services (CMS) to request an extension on the timeline for implementation of the program. The extension would provide additional time to better define areas such as required participants and ensure a smooth transition for both members and providers.

Legislative Update:

Mike briefly discussed House File 2483 and stated that it included a requirement that the Department and a third party reviewer conduct a review of small claims that were paid to HCBS providers to determine denial rates and appropriate payment.

MCO RFP Update

Mike stated that an announcement of the award(s) is to occur in May of 2018 with contracts effective in July of 2019. Mike indicated that implementation in July of 2019 will allow for an appropriate transition and timeline while also ensuring an effective readiness review.

Status of MCO Choice

Mike identified that the approximate 10,000 members who had temporarily transitioned to Fee-for-Service were transitioned to Amerigroup on March 1, 2018, and that Amerigroup began accepting new members as of May 1, 2018.

Process Improvement Working Group

Mike stated that there had been three working group meetings and four subgroups had been developed:

1. Claims/Communications and Training/Prior Authorizations
2. Benefits and Eligibility/Reimbursement
3. Clinical and Quality Outcomes/Transparency
4. Credentialing

The next subgroup meetings are to take place on May 11, 2018, and additional information regarding the

² <https://dhs.iowa.gov/ime/about/performance-data/annualreports>

working group can be found on the [Process Improvement Working Group webpage](#)³.

A clinical review of appeals is to take place with the clinical team and the IME to review appeals that had been overturned, withdrawn, and dismissed. Findings are to be reported by July 15, 2018, and recommendations are to follow.

UnitedHealthcare Plan of the River Valley, Inc. Updates

Paige Petit gave a summary of recent and upcoming activities with UnitedHealthcare including staff participation in the Iowa Association of Community Providers Annual Conference, the Leading Age Iowa Spring Conference, and a HyVee Health Fair. Paige discussed recent UnitedHealthcare bulletins such as the Care Provider Access and Availability Requirements Reminder bulletin that was fax-blasted to in-network Primary Care Providers (PCPs) and specialty providers in an effort to further educate care providers on contractual requirements in preparation for an upcoming audit. The bulletin was a reminder for providers to update their office hours, phone information, contacts for provider offices, ages and genders served, languages spoken by staff and, whether providers are accepting new patients. Paige stated that a satisfaction survey for medical providers was to be sent in September of 2018 and surveys for HCBS providers were to be conducted between July of 2018 and September of 2018. Paige identified that each MCO must establish Value-Based Payment (VBP) models that cover 40 percent of their member population and that UnitedHealthcare is currently working with providers to meet that requirement.

Amerigroup Iowa, Inc. Updates

Natalie Kerber stated that provider workshops had been provided throughout the state in April and were a means for one-on-one issues to be reviewed and resolved on site with Provider Relations representatives, their management, and representatives specialized in behavioral health, physical health, and LTSS. Additionally, Clinic Days were being coordinated throughout the state and are to occur in the summer and fall of 2018. Clinic Days target members who haven't received recommended preventive screenings and services within the calendar year. Natalie discussed Amerigroup's involvement with the Young Women's Resource Center through the Foundation for the Better Beginnings for Young Moms program.

Executive Committee Agenda Items:

- Claims Adjustment Reason Code (CARC) 45 and Remittance Advise Remark Codes (RARC) discussion with Mike Randol and MCOs
- Mike Randol to provide summary of monthly reports on service terminations and reductions that are provided to the Iowa Office of Ombudsman. (Standing Item)

Open Comment (Open Comment Opportunity for Members)

Dr. Dave Carlyle stated that he would like to attend the data workshop and would like additional information regarding claims denial rates and reversals so that he can compare MCO performance.

Marsha Fisher stated that she agreed with the Department's decision to request an extension for the implementation of the EVV program. She indicated that her family would be impacted by the EVV program as her and her husband care for their son in their home. Marsha identified that her and her husband assist their son with various activities throughout the day and that having to report over the phone each time that they do so will be cumbersome. Marsha stated that she felt it to be an infringement on their care and there should be a caveat for persons caring for their family members with a broader focus.

Steve Bowen indicated that the facility ChildServe has not received payment for services rendered to Medicaid recipients for several months. Mike advised to contact him with specific information.

Denise Rathman stated that she has heard from Medicaid members that they were told by the IME and DHS that Skilled Nursing Facility (SNF) benefits were the same for Iowa Health and Wellness Plan (IHAWP) members and Traditional Medicaid members. She stated that this is potentially due to the difficulty in placing IHAWP members in SNFs in central Iowa. Denise indicated that this may be due to the fact that persons providing rehabilitative services to Traditional Medicaid are not required to have a license although have a higher reimbursement rate than IHAWP providers who are required to have a license. Mike advised to contact him with specific information.

Adjourn

3:57 P.M.

³ https://dhs.iowa.gov/ime/about/advisory_groups/piwg